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\*\* CONTINUING DATA \*\*\*\*\* *None set*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Yes set*  
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 10	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

Method for supporting medical treatment system and medical treatment support system

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